Irene M. North

HEBER CITY—Irene Morris North, 85, died Nov. 11, 1985 at the home of a daughter, Mrs. Kay Welch in Heber City.

Born Jan. 20, 1900 in Elkhorn (Hailstone), Utah to Harry and Louisa Jones Morris. Married Glen Wayne North July 20, 1920 in Salt Lake City. He died Nov. 8, 1937. Member LDS church.

Survived by children, Mrs. Thomas (Gladys) Farrer, Mrs. Clarence (Kay) Welch and Glen North, all of Heber City; Mrs. Clyde (Evelyn) Rollins, Mapleton; Mrs. Glen (Erva) Roberts and Mrs. Roy (Lu Ann) Singleton, both of Provo; Mrs. Max (Dora) McAffee, Victorville, Calif.; Mrs. Leo (Glendell) Speirs, Vernal; Darrell North, Roosevelt; 26 grandchildren, 47 great-grandchildren; four great-great-grandchildren; brothers, Harry Hailstone Morris, Salt Lake City; Ray Morris, Roosevelt. Preceded in death by a brother, Joseph Morris.

Funeral service Thursday, 1 p.m. at the Heber 6th Ward Chapel. Friends may call at Olpin Mortuary, Wednesday, 7-9 p.m. and at the church Thursday prior to service. Burial Heber City Cemetery.

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This form is classified as PRIVATE under the Utah Information Practices Act.

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT • USE BLACK INK

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT — FIRST: IRENE — MIDDLE: — LAST: NORTH
2. SEX: Female
3. RACE (White, Black, Am. Indian, etc.) Specify: White
4. DATE OF DEATH (Month, Day, Year): November 11, 1985
5. WAS DECEDENT OF SPANISH ORIGIN? YES ☐ NO ☒ If yes, indicate type: Mexican ☐ Puerto Rican ☐ Cuban ☐ Other ☐ (If other, specify)
6. DATE OF BIRTH (Month, Day, Year): January 20, 1900
7. AGE (Last Birthday): 85 Yrs. — IF UNDER 1 year: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
8. BIRTHPLACE (State or foreign country): Elkhorn, Utah
9. CITIZEN of what country: USA
10. Never Married ☐ Married ☐ Widowed ☒ Divorced ☐
11. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+): 8
12. SOCIAL SECURITY NUMBER: 529-28-5190

13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Home
14. NAME of surviving spouse (If, wife, enter maiden name.): GLEN WAYNE NORTH (deceased)
15. NAME OF FATHER: HARRY MORRIS
16. MAIDEN NAME OF MOTHER: LOUISA JONES
17. Was decedent ever in U.S. Armed Forces? YES ☐ NO ☒

USUAL RESIDENCE

18a. USUAL RESIDENCE—(Street address or location): 55 North 4th East
18b. INSIDE CITY LIMITS? YES ☒ NO ☐
18c. CITY OR TOWN: Heber City
18d. COUNTY: Wasatch
18e. STATE AND ZIP CODE: Utah 84032
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Mrs. Kay Welch, Daughter, 55 North 4th East, Heber City, Utah 84032

PLACE OF DEATH

20a. NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.): 55 North 4th East (at home) — ☐ Inpatient ☐ E.D. patient ☐ DOA
20b. CITY OR TOWN: Heber City
20c. COUNTY: Wasatch

MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION

MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances.

21a. Decedent was pronounced dead at: HOUR — DATE

21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: R R Green MD

21c. TIME of death (24 hr. clock): 1017

PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on:

21d. month — day — year

21e. CERTIFIER'S name and title (Type or print): Dr. R. R. Green MD

21f. DATE SIGNED (Month, Day, Year): Nov. 12, 1985

If not certified by medical examiner, was death reported to him? YES ☐ NO ☒ If yes, enter the date and hour reported: M.E. Case No.

22. HOUR — MO. — DAY — YEAR

21g. CERTIFIER'S address and zip code: 45 S.Main - Heber City,Utah 84032

21h. UTAH PHYSICIAN LICENSE NUMBER: 2348

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23a. Burial ☒ Removal ☐ Entombment ☐ Cremation ☐ Other ☐
23b. DATE: 11/14/85
24. SIGNATURE of Funeral Director: Guy Olpin
25. FUNERAL HOME—Name, address and license number: Olpin Mortuary - Heber City, Utah
26. NAME AND LOCATION OF CEMETERY OR CREMATORY: Heber City Cemetery, Heber City, Utah
27. LOCAL REGISTRAR—Signature:
28. Date accepted for registration by local registrar:

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for A, B and C)

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

	Cause	Interval between onset and death
IMMEDIATE CAUSE: (A)	Respiratory Arrest	immed
DUE TO, OR AS A CONSEQUENCE OF (B)	Hypertensive Cardiovascular Disease	10yrs
DUE TO, OR AS A CONSEQUENCE OF (C)		

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31a. AUTOPSY YES ☐ NO ☐
31b. IF YES, were findings considered in determining cause of death? YES ☐ NO ☐

INJURY INFORMATION

32. Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined if Injured Accidently or Purposely ☐
33a. DATE of Injury (Month, Day, Year): —
33b. TIME OF INJURY (24 Hour Clock): —
34. INJURY AT WORK? YES ☐ NO ☒
35. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.): —
36a. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN: none
36b. Distance from place of injury to usual residence (Item 18): — Miles
37. Were laboratory tests done for drugs or toxic chemicals? YES ☐ NO ☒
38. Were laboratory tests done for alcohol? YES ☐ NO ☒
39. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29): none
40. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. —

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